

Beyond romanticization and demonization:

The relationship between Amish values and modernity in the context of public health

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RUNNING HEAD: Amish and Public Health

## **Amish and Public Health**

Since the terrorist attack on September 11, 2001, several terms associated with a negative connotation, such as “extremism” and “fundamentalism,” have been frequently cited in both mass media and scholarly papers while discussing religion. In addition, religious groups that are anti-modernity are commonly perceived as problematic and even dangerous. As a matter of fact, certain conservative or “extreme” religious groups can peacefully coexist with modernity. The Amish group residing in the US and Canada is a good example. The objective of this paper is to illustrate how this “extreme” yet peaceful religious community generates both challenges and opportunities to modernity in the context of public health.

In studying a self-contained religious group, it is important to note that researchers should avoid going into either one of the two polarities. On one end Amish people might be negatively depicted as an old-fashioned cult running against the tide of modernity, but on the other extreme they might be romanticized as “noble savages” living in the “Garden of Eden.” To offer a balanced view, the author will discuss both negative and positive aspects of their culture in relation to public health.

### **Background information about Amish**

#### **History**

The Amish people originate from an Anabaptist Christian denomination rooted in Switzerland. It is called “Amish” because their one of their early leaders was Jakob Ammann. In the early 18th century they began immigrating to America from Palatinate and Switzerland due to intense persecution. Most of the first wave of these immigrants settled in Pennsylvania because of attractive land offers from William Penn’s agents. After 1750 the French and Indian War stalled immigration and massive movement of the Amish did not happen again until after the Napoleonic Wars (Crowley, 1978).

The Amish people speak “Dutch” (a German dialect of their former homeland) and read the Bible written in High German, but today most of them can speak English, too. Over the

years, they were spilt into different sects. The Old Order Amish are those that have been the most resistant against social change. In this article the discussion centers on the Old Order Amish. Due to their rejection of birth control, the Amish population grew 86 percent to 231,000 in 2008 from 125,000 in 1992, or 4 percent a year, and will be doubled from this year's level by 2026, based on the assumption that the current growth rate continues. Today Amish communities span across both the United States and Canada. In the United States they concentrate in Ohio, Pennsylvania and Indiana whereas in Canada the most noticeable Amish community is found in Ontario (Nichols & Briand, 2008). However, the Amish as a distinct religious group can no longer be found in Europe (Crowley, 1978).

### **Religious beliefs and lifestyle**

The Amish culture embraces a simple lifestyle as well as absolute norms and values, which are tied to a firm belief in religious ends independent of any external rewards. Their rejection of modern convenience is based upon a dualistic view of human nature. Although the natural world is said to be amoral, the domain of man is composed of the pure and impure, light and darkness, and good and evil. This dualistic conception of reality leads to a clear-cut separation from the world, which is expressed in life situations, in ecology, and social organizations. Dissociation from the world is also based upon explicit scriptural passages, such as "Be not conformed to this world..." and "Be ye not unequally yoked together with unbelievers." Some of their practices result from literal interpretations of the Bible, such as the refusal to retaliate or bear arms, to swear oaths, or to hold public office. Deviants from the norms would face excommunication (Hostetler, 1964).

For the Amish, labor on the land is a moral imperative, and therefore careers have traditionally been limited to farming and related activities. Their society is religious and sacred in essence, revolving around the farm as a God-centric family, rather than a business. Farm ownership has been the goal of every Amish family, and therefore the parents' chief responsibility is to keep their children in the community (Markle & Pasco, 1977).

## **The context of change in the Amish population**

### **Amish's attitude towards change**

Since the Industrial Revolution, social change has been unstoppable. Amish farmers used to be one of the most productive groups, but today the existence of Amish communities is threatened as social change accelerates its pace, such as rapid technological innovation. Amish people view themselves as caught in a circular mechanism, in which they drift along the forces of social change. Owing to the doctrine of eschatology, they believe that the course of world events has been laid down and the end is near; human attempt of turning the tide of God's purpose is futile. Hence, Amish people have a negative perception of progress, and they evaluate their peers in terms of their departure from worldly traits (Gutkind, 1953; Hostetler, 1964; Kraybill, 2001).

### **Criticisms against their refusal of adaptation**

The preceding attitude has attracted both criticisms and sympathies. Some scholars assert that social change is inevitable, and thus stubbornly maintaining traditional lifestyles just results in inconsistencies between doctrine and practice. For example, Amish people refuse to purchase cars, but they have no problem to accept a ride. While modern technology is supposed to be a "worldly" thing against their value system, cell phones are gaining popularity among the Amish people. To limit this "worldly" intrusion, they often use cell phones only for outgoing calls and incoming calls are received through voice mail boxes only. Some Amish communities still rely on "phone booths," in which several families share voice mail on one line in a booth away from their houses. Some critics charge that this inconsistency or cognitive dissonance may lead to anomie, fragmentation, and demoralization (Hostetler, 1964; Kraybill, 2001).

### **Sympathetic view to the oppressed group**

On the other hand, some scholars regard the Amish group as a victim of thoughtless public policies. The so-called mal-adaptation of modernity is not viewed as the cause of their

anomie and demoralization; rather, these stable communities are disgracefully destabilized by external forces. Bennett (2003) asserts that when compared to mainstream modern society, where the amount of depression seems to double every 10 years, the Amish of Ontario demonstrate an astonishing absence of social breakdown and alienation. Unfortunately, the Amish are being challenged by aggressive corporate expansion. The public policies adopted by the government, which are strongly influenced by corporations, tend to be a-historical and culturally insensitive. For example, the bigger-is-better land-use values of industrial agriculture have influenced land-use planning. As a result, in Canada there has been a system of “planned change,” which has eliminated small-scale family-based farms, including the Amish ones. The Amish traditional culture and their economy have been marginalized, dominated, contained, and devalued by land restructuring (Bennett, 2003).

Moreover, there is a common perception (or misconception) that Amish people refuse to use all technologies. As a matter of fact, Amish people are far from tradition-bound. The Amish resistance to technological change in farming is a relatively recent phenomenon. There is little evidence of opposition to mechanized farming before the 20th century. They used to be ranked among America's finest farmers and were among the first to introduce rotation farming, soil-conservation and the use of manure and gypsum (Coşgel, 1993; Gutkind, 1953). Their failure of adopting modern technology is perhaps a result, rather than a cause, of the challenge from the outside world.

### **How this context of change has impacted health**

#### **Impact on physical health**

##### Amish's conceptions of health, illness, and medicine

The Amish have been paying a high price for their isolation. They refuse to pay or accept life or health insurance. After years of court battles, they are now exempt from contributing money into the Social Security system. This means that while facing illness or disability, they must pay all medical expenses. Amish people have different conceptions of health and illness.

In their view, illness is not defined in terms of symptoms, but as failure to function in work. As a result, Amish patients are not taken to the doctor until symptoms are very severe, such as letting a cold become pneumonia (Adams & Leverland, 1986).

The Amish do not want their children to look upon physicians as role models. Being a doctor requires higher education, but the Amish are not allowed to have education beyond 8<sup>th</sup> grade (Adams & Leverland, 1986). It is not surprising that there are no Amish physicians. Amish girls who have taken nursing courses could not remain Amish (Hostetler, 1964). Indeed, Amish youths who left the community are considered deviants. This issue will be thoroughly discussed in the next section. While the Amish reject “English” (non-Amish White) medicine, they embrace alternatives. In a study of health care practitioners used by 100 Amish families, 20 percent reported receiving health care from chiropractors, homeopaths, “pow-wow” doctor and reflexologists. Pow-wowing is a variant of faith healing, in which words, charms, amulets and physical manipulations are used for healing. Although Amish are reluctant to take drugs, such as aspirin or acetaminophen, they accept vitamins, food supplements and juices. Because these substances are considered natural, and thus the Amish believe they are safe and can promote health (Adams & Leverland, 1986).

#### Lack of immunization

Amish people often lack the preventive practices of immunizations and prenatal care. A survey of 100 Amish families in Pennsylvania showed that only 26 percent of the children had been immunized against DPT, 23 percent against poliomyelitis, and 16 percent against mumps and measles (Adams & Leverland, 1986). Amish attitudes towards health care might partly contribute to their lack of vaccination. Health is considered by them a gift from God rather than a result of human efforts. Although vaccination is not prohibited by the church, it is often not encouraged either. More importantly, Amish avoid dependence on government assistance and thus consider acceptance of free vaccinations a form of welfare. Many studies in the context of outbreaks of vaccine-preventable diseases have made a causal link between the low

vaccination rates in Amish communities and their susceptibility to disease outbreaks. Outbreaks of rubella, measles, pertussis, Haemophilus influenzae, and polio, as well as increased cases of childhood tetanus, have disproportionately affected Amish communities in the United States. In each of these outbreaks, the vaccination rates were too low to confer herd immunity to the Amish communities (Yoder & Dworkin, 2006).

#### Lack of prenatal care

Most Amish women don't want prenatal care, and it is suspected that the high infant death rate in Amish communities is related to lack of prenatal care (Dorsten, Hotchkiss, & King, 1999). However, the alleged link between prenatal care and high infant death rate among Amish people is a fairly recent issue. About 30 years ago Ericksen, Ericksen, Hostetler, and Huntington (1979), based upon their sample at hand, found that of the 574 live births born to the mothers, 12 died before their first birthday. This gives an infant mortality rate of 20.9 per thousand live births, a low rate compared to other societies.

#### Inbreeding

In order to maintain the purity of Amish society, the Amish are forbidden to marry outsiders. However, it is evident that inbreeding has a net positive effect on neonatal and postneonatal deaths. Using data from the Lancaster Amish settlement, it was found that inbreeding increases the likelihood of death in the neonatal and postneonatal periods of early childhood (Dorsten, Hotchkiss, & King, 1996, 1999).

#### **Impact on mental health**

Due to the closeness of Amish society, mental health issues among the Amish are virtually unknown. Hostetler (1964) suggests that the frequency of Amish suicides, in spite of strong Biblical injunctions against taking life, was alarming because personal conflicts could not be resolved in Amish society. The rate of suicide among the Amish may be higher than that of the rural United States population in general. One of the most dramatic instances of suicide was that a very prominent religious leader hanged himself, shocking the entire Amish community.

However, Hostetler's study was conducted almost half a century ago. A 1985 study examining the rate of suicide among the Amish population in southern Pennsylvania revealed that four families accounted for 73 percent of all suicides, but represented only 16 percent of the total Amish population. It was suggested that the so-called high suicide rate among Amish people might be attributed to genetic rather than cultural factors (cited in Roy, 1993).

No matter whether the factors are genetic or cultural, Amish people are slow to accept mental health services. The reasons for such resistance vary from community to community. However, several common threads have been observed, such as their concerns with respect to cultural biases and misinformation about them among "English" therapists and the possibility that "English" people may hold agnostic or atheistic views, and also their traditional emphasis on bishops or ministers as the source of counseling (Cates, 2005).

Further, Amish society is so conservative that the topic of sex is a taboo. Let alone implementing sex education. Thus, Amish people have virtually no coping mechanisms to deal with emotional distress resulting from sex. For the Amish, a rape victim who actively participated in a sexual encounter, regardless of circumstances, may share some level of responsibility and be deemed guilty of fornication. Rape victims may not be girls only. Amish boys who engage in a pseudo-sexual game called "cows and bulls" are potential victims, too. Usually the game, which involves either simulated or actual anal intercourse, is played by teenage boys as a rite of passage. Occasionally the game becomes aggressive. An Amish boy who was forced to have anal sex did not see himself as a victim, but as responsible for the outcome, because he had participated in the game. In counseling a rape victim, the therapist who encourages the victim to put aside unnecessary guilt creates a paradox. While the victim may feel comfort and support from the therapist, s/he may receive a much different message from the parent and the bishop (Cates, 2005).



## **Issues relating to psychological, social, and cultural aspects of Amish health**

### **Equip medical professionals with cultural competence**

#### Avoid explaining everything through the prism of religion

Medical and public health professionals who would like to work with this population should refrain himself/herself from explaining every problem in terms of religion. Although the Amish underuse prenatal care, Campanella, Korbin, Acheson, and Louise (1993) assert that non-religious barriers, such as transportation and cost of immunization, must be taken into account. The Amish do not automatically reject medical technology just for religious consideration. A recent study conducted by Yoder and Dworkin (2006) concurs the previous study. Their study indicates that the vaccination rate has been increasing over time among young Amish adults. It shows that Amish beliefs and practices regarding vaccination are not static and can be influenced by factors in the community. The objections to vaccinations found in Yoder and Dworkin's sample indicate that Amish concerns about vaccines are similar to those expressed by non-Amish parents of unvaccinated children. Amish parents of unvaccinated children cited objections to vaccines based on concern for their children's well-being rather than objections based on theological reasons. In addition, although Amish society is often considered patriarchal, the study revealed that in most cases the mother had a joint role in making decisions about their children's medical care.

#### Be care of agenda imposition: Amish dietary practices

As mentioned before, traditional Amish families are farm-centric and thus it is common for them to grow or raise most of their own food. However, this pattern is changing in urban areas because of the scarcity of land (Shenberger, 2008). Some of such change is caused by land restructuring, as discussed in a previous section (Bennett, 2003). As a result, many Amish have no choices but leaving their farms and the size of their garden is shrinking. Most Amish, especially those who still tend large gardens and orchards, eat a variety of foods. Breads and cereals, which are usually made from whole grains, are common dishes. On the other hand,

high-calorie and low-fiber items, such as cakes and cookies, are also available at most meals. Those with access to motorized transportation buy more high-fat snack foods and eat out in restaurants more often than those who travel by horse and buggy only (Shenberger, 2008). In the perspective of modern public health, certain Amish dietary practices are considered unhealthy. However, because much of their work is physically intensive, public health professionals should realize that reducing the amount of fat in Amish diets is not an important issue, and thus imposing our agenda on them is inappropriate.

#### Avoid stereotyping the Amish value as anti-technology

In addition, it is an overboard generalization to see the Amish as a static culture rejecting all aspects of modernity. Amish could yield to a reasonable compromise if it respects their tradition, curtails expansion, provides labor, protect ethnic identity, and permits just enough technology to let them survive financially (Kraybill, 2001). As a mentioned before, Amish farmers were innovators in farming technologies in the past. Moreover, although traditional Amish values prohibit birth control, there is evidence that Amish couples in various communities across the United States limit their families (Markle & Pasco, 1977). The Amish have long been willing to take things from the world though the decisions are highly selective. Because seeking the services of qualified medical and allied health professionals is compatible with their worldview, they increasingly seek mental health services (Cates, 2005). Further, after interviewing a group of Amish parents whose children had genetic conditions or other special health care needs, Brensinger and Laxova (1995) found that these parents are interested in understanding the cause of their children's problems and recurrence risks, rather than evading the issue by attributing it to the will of God. Thus, rather than accusing them of being inconsistent and close-minded, public health professionals should employ cultural sensitive strategies to provide the Amish with services that seem to be in alignment to their norms and values. Respecting information-sharing, which will be discussed next, is a good example.

### Respect information sharing rather than privacy

Today respecting privacy and confidentiality is considered a universal ethical standard by many Western societies. However, Amish regard cohesion and intimacy as the norm, and therefore, self-disclosure is expected and even encouraged. Members of an Amish church anticipate open confession of their sins. For example, birth control is prohibited because this is treated as a non-natural act against the will of God. Errant couples are required to confess their sins before the entire congregation (Markle & Pasco, 1977). The *Budget*, a primary Amish publication, disseminates information about the health and well being of individuals throughout all communities. As a result, the “English” doctors and therapist's lack of self-disclosure may seem strange to an Amish client. The Amish client may view a therapist, as an outsider, as unwilling to share information (Cates, 2005). To gain trust, doctors and therapists should feel free to share health information with the community. More culturally sensitive strategies will be proposed in the following.

### Developing stress coping mechanisms based on a positive cultural identity

Walters and Simoni (2002) found that Native Women developed effective stress coping mechanisms with an emphasis on their cultural identity. This model is based upon empirical evidence that traumas of historical and contemporary discrimination among Native women influence health and mental health outcomes, and thus the approaches that aim to re-affirm their cultural identity could heal the historical wound buried into the collective consciousness. This strategy is also applicable to Amish people, because the experience of persecution has been burned into their DNA. Although most of the Amish migrations in the past were caused by religious persecution, there are positive sides in these tragic historical episodes. As mentioned before, Amish farmers used to be the best. The distinct and superior farming practices of the Amish are often attributed to their persecution in Europe and the confiscation of their land. They were forced to become tenants on marginal land and are said to have excelled in farming to ensure the survival of their communities (Coşgel, 1993). Thus, public health professionals

should encourage the Amish to develop stress coping mechanisms that are situated within their cultural heritage.

#### Informal training as a substitute of education

According to Ungerleider and Keating (2002), educational attainment is associated with almost every measure of population health. However, the Amish religion discourages or even prohibits higher education, and most Amish do not receive formal education beyond the eighth grade. In their worldview, the concepts of microorganisms, disease transmission and immunization do not make senses at all. They believe that their sins cause illness, suffering and death in themselves and in their children, and are willing to accept the will of God (Adams & Leverland, 1986). At first glance, it is a hopeless situation because education as a key determinant of health is de-emphasized by Amish society. Nevertheless, although they downplay formal education, no doctrine in their religion hinders them from informal training. Instead of clashing with their core beliefs, public health professionals should address this issue in a creative fashion.

#### Promoting health by promoting spirituality

Musgrave, Allen, and Allen (2002) assert that spirituality among African American and Hispanic women has been associated with a variety of positive health outcomes, such as lower blood pressure, better immune function, and decreased depression. Not only is religiosity an individual matter that could improve individual health, but also it could generate social cohesiveness through working together for a common noble goal, such as glorifying God. Glenn (2001) argues that despite their well-known reputations for austerity and devotion to scripture, the Amish are aware that they are just as vulnerable to temptation as anyone else. In order to protect themselves from being subdued by short-term temptation, the Amish pursue a sophisticated binding strategy of collective pre-commitment in order to preserve their tradition of mutual reliance. Although the previous discussion illustrates many negative health effects that could be traced back to their religious beliefs, public health professionals should turn the table

around by utilizing their collective commitment for a perceived noble objective with respect to community health. Nonetheless, some of their health-related problems are unique, and possible solutions to these problems may require strong interventions. “Cows and bulls”, “bedding,” and runaway are examples of those unique problems.

### **Addressing sex-related problems**

The most difficult health problem is the one that has been denied by the group affected by the problem. For example, according to Millett, Malebranche, Maso, and Spikes (2005), Black men who are bisexual but do not identify as gay or disclose their sexual activities to main female partners, also known as men “on the down-low,” have been viewed as the main reason for the increase in HIV infections among black women. To address the problem, we must openly examine the prevalence of bisexuality among black men and related issues, rather than hiding the dirt under the carpet. The Amish group faces a similar problem. Because the Amish are reluctant to acknowledge that the “cows and bulls” game exists, it is difficult to tell how detrimental it is to the Amish teens in terms of both psychological and physiological effects (Cates, 2005).

Another sex-related issue is “bundling,” also known as “bedding.” “Bundling” has had a long history among various Old Order Amish groups. Bedding is a practice wherein a boyfriend and girlfriend would spend Saturday evening together on a date. With the full consent of both sets of parents, they would be allowed to sleep in the same bed, Although they are not supposed to have sex, intercourse often occurs, as evidenced by premarital pregnancy (Reiling, 2002). Again, this problem is especially difficult to address because it is a gray area within the Amish ethical boundary. Nonetheless, public health professionals should start collecting data to investigate the magnitude of sex-related health issues among the Amish, and develop strategies of persuasion to raise awareness of those problems among the Amish.

**Lack of connectedness: Care of the runaway Amish youths**

According to Resnick et al. (1997), one of the most effective ways of protecting adolescents from harm is to embrace them in a community. To be more specific, these researchers find consistent evidence that perceived caring and connectedness to others is positively associated with the health of young people. Although the Amish community has a strong bonding, there is a forgotten sub-population among them: Amish youths who want to “see the world” and run away. For those who leave the community, making the initial break with the culture takes place in a number of ways and is usually stressful. Some run away from home without contacting outside reference groups. For example, once upon a time a 16-year-old Amish boy suddenly disappeared. The first sign of his departure was the sighting of his Amish hat a mile away from home. The next day a neighbor received a phone call from a large city stating the place where the runaway boy could be found. The boy had removed his Amish clothing, had his hair cut, and traveled to the city. Similar stories to this one could be heard once a while (Hostetler, 1964). There is no statistical figure with regard to the extent of rebellion among Amish youths, however, Reiling (2002) conjectures that many times Amish youths are more deviant than their “English” counterparts. It could become a major threat against their mental health if nothing is done.

**How this information is important for public health: A two-way street****Think globally, act locally**

Studying and working with Amish community is important for public health, because many lessons learned through this process could eventually be beneficial to the general population. The preceding section illustrates that although the Amish is a minority culture, issues found within their community could also be observed in other cultural groups, such as historical scars, sex-related health problems, juvenile delinquency, lack of education, and spirituality. The slogan “think globally and act locally” is germane to the study of Amish. By

studying minorities and customizing specific public health strategies to difference audiences, we can eventually find the common threads that could be well-applied to all situations.

It is important to emphasize that helping the Amish is not a one-way street. Modernity should never be equated with superiority, and indeed many severe diseases are caused by modern lifestyles. Actually, the simple lifestyle among Amish could be a source of inspiration for public health professionals. Their high level of physical activity and low level of cognitive impairment are two good examples,

### **Physical activity among Amish**

Amish people have very high levels of physical activity, which may contribute to their low prevalence of obesity. Amish men soften the soil with horses, use horse and buggy for transportation, and participate in barn raisings. Similarly, Amish women do most of the childcare, food preparation, cooking, and cleaning (Bassett et al., 2004). Both men and women grow vegetables and fruits in their gardens (Shenberger, 2008). This lifestyle is believed to be a contributing factor to their low rate of cancer (Troyer, 1988).

Amish youth are also more physically active and have a lower obesity rate than their “English” counterparts living in urbanized areas. Amish children perform a variety of physical activities. To be specific, their routines include carrying firewood, feeding livestock, collecting eggs, and milking. Boys tend to help with farm chores while girls are more likely to help in gardening and household activities, such as cooking, child care, laundry, and quilting. Most Amish children walk to school, even in harsh weather, unless they live far away. At school, despite the lack of formal physical education, there are plenty of opportunities for sports and recreation, such as a 15-minute break in the morning and a 10-minute break in the afternoon. Usually a 60-min lunch break is spent out of doors, and children engage in games such as softball, volleyball, bombardment, King's base, and freeze tag with their teachers (Bassett et al., 2007).

The childhood obesity rate in the US has increased substantively during the past 20 years. Needless to say, obesity and its associated health problems create direct and indirect costs that have significant economic impact on the health care system. In addressing the increasing child obesity rate in the general population, public health professionals could definitely learn something from the Amish.

### **Cognitive capability among Amish**

Previously, a number of studies suggested that lack of formal education is positively associated with dementia, and specifically Alzheimer's disease. However, Johnson et al. (1997) find that the prevalence of dementia is very low among those Amish aged 65–79; the Mini Mental State Exam (MMSE) scores in his Amish sample are higher than the general population in spite of their low level of formal education.

There are several plausible explanations to this phenomenon. Factors associated with Amish lifestyles may independently, or interactively with genetic characteristics, play a role in the protective effect from dementia. Amish have a simple and homogeneous lifestyle, characterized by intensive physical activities, a limited number of occupations, rural settings, and extended families and community support. A noteworthy point is that there is virtually no immigration of non-Amish; in contrast, quite a few young adults leave the community, as discussed in the previous section regarding runaway. It is likely that emigration occurs among youths with higher intellect, manifested by their desire for more educational and career opportunities. Thus, the surveyed population may be skewed towards the lower side of the intellectual distribution, yet the data still show higher median MMSE scores than that of the general population (Johnson et al., 1997). The moral of this story is that to some extent a simple life is healthier than a modern one. It is a well-known fact that stress is detrimental to mental health and even long term cognitive functioning. The Amish tend to report more positive emotions than negative ones (Biswas-Diener, Vitterso, & Diener, 2005). It could somehow be related to their low rate of cognitive impairment.



No wonder Kraybill (2001) expresses his admiration of Amish by saying, “the Amish, in simple and down-to earth ways, have devised a social system that not only merits the attention of scholars but also raises profound questions about the underpinnings of happiness, freedom, and meaning” (p. 259). As mentioned in the beginning, one should not romanticize the Amish community as a trouble-free or stress-free haven. Nevertheless, certain merits of their lifestyle are obvious. In conclusion, public health professionals should not regard studying Amish as solving their problems only; they provide us with solutions as well. This is a two-way street.

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